



KIDS CONNECT APPLICATION

(KIDS CONNECT, formerly known as Therapeutic Child And Youth Care)

Executive Summary

The target population for KIDS CONNECT is Medicaid eligible children with special health care needs who are living at home or with a foster family and who have been diagnosed with certain significant physical, developmental, behavioral or emotional conditions. These children have chronic health care needs that require health and related services beyond those required by children generally. KIDS CONNECT is a specialized service delivered in DCYF licensed child or youth care centers and is designed to maximize the inclusion and participation of eligible children who have been dismissed from or were previously unable to participate in child and youth care settings.

In order for inclusion in child and youth care to truly be accomplished, children and youth with special health care needs must interact with their peers, who are typically developing, in a socially meaningful manner. This means that physical and social isolation in child and youth care must be avoided. Children or youth in KIDS CONNECT must have the opportunities and supports necessary for them to engage and interact with children who are typically developing while they mutually participate in the activities in the child and youth care setting. This may, at times, require that children who are typically developing also be given help in interacting with their peers who have special health care needs.

KIDS CONNECT provider agencies are those which support a policy of inclusion for children with special health care needs and which agree to meet DHS standards in providing this care. For some provider agencies, participation in KIDS CONNECT allows them to serve children who they otherwise would have to turn away. The supplemental staffing provided by KIDS CONNECT can make the critical difference in an agency's ability to provide an inclusive child care setting for children with special needs.

While DHS provides certification for each provider agency, KIDS CONNECT requires prior authorization for each child. Prior authorization for these services and for their subsequent renewals will be managed by CEDARR Family Centers. The Child Care or Youth Care is paid for by the family or other entities. Medicaid does not reimburse for child or youth care tuition. In all cases families are free to select the certified KIDS CONNECT child or youth care agency of their choice.

KIDS CONNECT services that are reimbursed by Medicaid are: 1) Assessment and Plan Development, 2) Direct Services and 3) Nursing visits by a registered nurse. Assessment confirms the child's ability to participate and identifies those areas of social and cognitive development in which the child will benefit from inclusion. The Assessment is carried out by a licensed health care professional or special educator, in cooperation with the child's family. The Therapeutic Integration Plan identifies the specific supports to the child that will be provided by the Therapeutic Integration Specialist, a paraprofessional who works in the classroom to enable the child to participate with peers. Direct Services are those specific services that have been identified in the plan. Under special circumstances and when approved by DHS, a nurse may also provide nursing services and supports to the child, for up to one hour per day. Children who have extraordinary needs for nursing support beyond this limit are probably not appropriate for KIDS CONNECT.

KIDS CONNECT can only be provided when there is documented medical necessity for this service and evidence that KIDS CONNECT can meet the needs of the child with special health care needs. Once approved by a CEDARR Family Center and authorized by DHS, the Therapeutic Integration Plan is implemented by the KIDS CONNECT provider-agency. These services are not intended to replace services for which these children are otherwise entitled through Early Intervention, Special Education, Head Start or any other program for which they qualify.

To become a participating provider-agency of KIDS CONNECT, interested child care agencies must be licensed by the Department of Children, Youth and Families (DCYF) as a child day care center and/or school age care provider and certified by DHS as a KIDS CONNECT provider. If Head Start, Early Head Start or a Local Education Agency (LEA) provides child care that is before or after hours of their traditional program operation, they must be licensed by DCYF.

The Certification Standards for KIDS CONNECT (Therapeutic Child And Youth Care) on the DHS website (www.dhs.ri.gov go to Children with Special Needs) further establish the procedures and requirements for KIDS CONNECT services.



INSTRUCTIONS FOR COMPLETING THE APPLICATION

This application is designed to minimize the written materials needed by child care agencies to become certified to provide KIDS CONNECT at your agency. The Application Packet is comprised of five sections and an appendix. **Section One** is introductory and includes the cover sheet, transmittal letter, and brief organizational overview. **Section Two** provides a framework of agency agreements that will underlie the program. In this section, the applicant is asked to (1) commit to continuity of care for each child; (2) commit to principles of family centered care; (3) commit to informing families of their rights; and (4) commit to working with the CEDARR Family Centers.

Section Three consists of one brief narrative and a series of checklists that provide a framework for the policies and materials that will be used to operate the program. You are asked to develop a statement of inclusion and approach to providing KIDS CONNECT services. The series of checklists are sets of tables for each of the major components of service for KIDS CONNECT. Each component is captured as three tables. The first lists major tasks for which you are asked to identify the position title of the individual who will be assigned the responsibility for carrying it out. The second table is a list of policies that must be included in your KIDS CONNECT program policy manual. You are asked to identify which policies are complete and included and which will be supplied to DHS at a future date. The third table is a list of materials for which you are asked which are complete and included and which will be supplied to DHS at a future date. **Section Four** lists the required attachments to the application.

Please note: The entire policy manual and all required support materials may be included with the application. If they are, an applicant may receive full certification following approval by DHS and completion of a successful site visit by DHS. However, these materials may also be given to DHS representatives at the site visit. In other words, an applicant may get its review process underway and then work on the required materials. Or, an applicant may choose to submit all materials at the same time. In order to be certified as a KIDS CONNECT provider, agencies must create a policy manual as well as forms and other materials to support the program. As noted above, the required components of the policy manual and the list of forms and documents are completely outlined in this application.

Most organizations already have policies that govern programs and program materials. Applicants are encouraged to adapt existing policies and/or materials for KIDS CONNECT, using them without change where that is appropriate. DHS does ask, however, that all of the policies, procedures, forms and materials that govern KIDS CONNECT be kept in a single manual that will be used as a training tool for staff and as a continuing reference for program operation. Applicant agencies are free to include additional materials in their manual, as they deem appropriate. **Remember, if the completed manual and all supporting documents are not submitted with this application, they may be submitted at the site visit or provided to DHS prior to program initiation.**

However, no agency can be fully certified until the Policy Manual and supporting documents have been reviewed and approved by DHS.



ABOUT THE REVIEW PROCESS:

1. Prior to completing this application, agencies must read the complete KIDS CONNECT certification standards available on the DHS website at (www.dhs.ri.gov go to **Children with Special Needs**)
2. Complete this application and submit it to DHS. **HELP TO PREPARE YOUR APPLICATION IS AVAILABLE UPON REQUEST!** Call Karen Sullivan at 462-0210 to request help.
3. DHS will review your application and then schedule a site visit.
4. Upon successful completion of the site visit and approval of your Policy Manual and supporting documents, your agency will be certified to provide KIDS CONNECT services.

COVER SHEET FOR KIDS CONNECT APPLICATION
(Therapeutic Child And Youth Care)

Name of agency_____

Individual authorized to conduct business on behalf of agency:

Name:_____ **Title:**_____

Application Contact Person:_____

Street address:_____

City:_____ **State:**_____ **Zip Code**_____

Telephone:_____ **FAX:**_____

E-Mail address: _____

Federal Employee Identification Number:_____

Medicaid Provider Number (if applicable):_____

SECTION I: LETTER OF TRANSMITTAL

To: The RI Department of Human Services

From:

In submitting this application to become a certified provider of KIDS CONNECT Services, _____, the applicant agency, agrees to comply with all of the program requirements and Certification Standards as issued by the Department of Human Services. We, the applicant agency, agree to work with the Department of Human Services in order to demonstrate that we possess a sound combination of developmentally appropriate approaches, management skills, experience and capability to provide the services required for KIDS CONNECT. We, the applicant agency, recognize that there may be periodic amendments to the requirements and standards and agree that we will also comply with these amendments.

In addition, _____, the applicant agency, understands that we must develop a specific policy manual for the KIDS CONNECT program as well as other specific materials to support the program. We have reviewed the minimum contents of the policy manual outlined in this document and the list of required materials and agree to create both the policy manual and program materials prior to accepting referrals. While these materials are not required for submission with the application, these products will be made available for DHS review, either at the site visit or before program implementation.

Signature of Officer or Authorized Agent

Date

SECTION 1: OVERVIEW OF APPLICANT

Legal Name of organization that will be certified: _____

Incorporation Status:

Check all that apply

- ☐ Nonprofit organization with 501c3 status
☐ For profit organization, incorporated
☐ For profit organization, sole proprietorship
☐ Head Start Organization
☐ Child Care Collaborative

Annual Operating Budget: _____

Years in Operation: _____

Sites and programs:

Location	# Enrolled Ages 6 wks – 18 mo	# Enrolled Ages 18 mo – 2 yrs	# Enrolled Age 3-5 (Kindergarten)	# Enrolled After School: Ages 6 – 16 yrs	Location Included In Initial Certification	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Employees By Type	Number FTE's
Administration/Management	
Teachers	
Teacher Aides	
Nurses	
Clinical Social Workers	
Clerical or Support Staff	
Other:	
Other:	
Other:	

Standard 6.2 Agreement to Accept Appropriate Referrals—The applicant agency agrees to accept all appropriate referrals from the CEDARR Family Centers. Initial services to facilitate orientation, assessment, and acceptance into the program will be provided in compliance with the standards defined by DHS.

The applicant agrees to document fully and forward to the CEDARR Family Center and the Department of Human Services any referral that is not accepted. The applicant recognizes that the rate of acceptance and rejection of referrals will be monitored and that a consistent record of rejection of referrals may lead to de-certification.

Initials of Officer or Authorized Agent

SECTION II: 6.2.1 PROVISION OF AUTHORIZED SERVICES

In submitting this application to become a certified provider of KIDS CONNECT Services, the applicant agency is willing to ensure that continuity of care to an individual child is a high priority and is willing to take the following specific steps to ensure that the continuity of care to an individual child is protected at all times.

1. Provide a context in which the relationship between the Therapeutic Integration Specialist and the individual child is consistent over time, avoiding any unnecessary switching of personnel.
2. In those cases in which a substitute must be assigned due to illness, annual leave, or termination of employment, a substitute will be assigned to support the child.
3. Agree that the substitute or replacement will receive at least 30 minutes of child specific orientation provided by the Clinical Supervisor prior to assuming the role of substitute.
4. Agree to document fully and note in the case record all instances in which such substitutions or replacement have occurred.

Initials of Officer or Authorized Agent

SECTION II: 6.3.1 FAMILY CENTEREDNESS

A family centered philosophy and approach to providing KIDS CONNECT is required. Applicants must integrate family centered practice into their philosophy, operations and education. In the box to the right check each procedure that the applicant agency will adopt for families enrolled in KIDS CONNECT. In the additional space provided, add any other procedures that will apply to KIDS CONNECT families that you feel reflect good principles of family centered care. These policies must be included in the policy manual for DHS review. Indicate in the column to the right the status of availability for each item listed. Indicate whether the policy/procedure is included as an Appendix (enter page #) or will be available at the site visit.

ITEM	STATUS OF AVAILABILITY	
	Included in Appendix Page #	Available at Site Visit
KIDS CONNECT Procedures that Reflect Family Centered Care		
1. Clearly stated expectations at orientation for role of parents in care planning		
2. Active involvement of parents in defining the goals for the Therapeutic Integration Plan and any revisions or reauthorizations of the plan		
3. A clear statement in the Plan regarding expectations for routine communication with parents		
4. Emphasis on family centered service outcomes		
5. Parental approval of the plan and revisions to the plan as evidenced by parental signature		
6. Provision of daily reports to parents whose content reflects the child's progress in meeting the goals outlined in the Therapeutic Integration Plan		
7. Adoption of specific procedures that encourage families to participate, provide input and voice concerns		
8. Timely formal notices of approaching deadlines		
9. List of written materials that parents will be given and point in time when these materials will be distributed		
Other:		

SECTION II: 6.3.1 CLIENT RIGHTS AND FAMILY SERVICE

The applicant will create policies and procedures for each of the following instances. These policies must be included in the policy manual for DHS review. Indicate in the column to the right the status of availability for each item listed. Indicate whether the policy/procedure is included as an appendix (enter page #) to this application or will be available at the site visit.

POLICY/PROCEDURE	INCLUDED IN APPENDIX PAGE #	AVAILABLE AT SITE VISIT
1. Clear expectation for staff attention to customer service		
2. Response to complaints and required documentation		
3. The client's right to access the DHS Fair Hearing Process and the process by which clients are informed of parent rights. (Also see Standard 6.4.5 and Standards Appendix 11 for content in creating this policy and its procedures.)		
4. Expectation and process ensuring prompt complaint resolution whether from parents, CEDARR Family Centers, DHS, or agency staff		
5. Process to be followed in the event of provider termination of services, including: <ul style="list-style-type: none"> Written notification of termination to be sent to the child's family, DHS, and CFC prior to discontinuing KIDS CONNECT Reasons for discontinuing must be stated Alternative resources and/or referrals must be recommended and forwarded to the CFC Transition notice and transition plan must be submitted to child's family, DHS and CFC 		

The following documents and forms to support these processes must be available for DHS review prior to program implementation. Indicate in the column to the right whether the document is included as an Appendix (enter page #) to this application or will be available at the site visit.

ITEM	STATUS OF AVAILABILITY	
Document or Form	Included in Appendix Page #	Available at Site Visit
Notice of parent's right to terminate KIDS CONNECT at any time during the authorized course of treatment		
Notice of circumstances under which the provider agency would discontinue services		
Notice of the client's right to access the DHS Fair Hearing Process and the process by which clients are informed and reminded of these rights. (Also see Standard 6.4.5 and Standards Appendix 11)		
Notice of hours of operation		
Notice of provider's responsibility and commitment to maintain continuity of care for the child		
Forms that will document complaints and resolution of complaints		

SECTION II: 6.3.3 ETHICAL STANDARDS

In submitting this application to become a certified provider of KIDS CONNECT Services, the applicant agency will publicly post a clear statement that captures Principles of Ethical Care and Professional Conduct in a location that is accessible to both staff and parents. Said statement will include, but not be limited to, the following:

- Grievance procedures
- Discipline policies

Initials of officer or authorized agent

SECTION II: 6.4.1 COORDINATION AND COMMUNICATION WITH THE CEDARR FAMILY CENTERS

In submitting this application to become a certified provider of KIDS CONNECT Services, the applicant agency recognizes that a positive working relationship with each of the CEDARR Family Centers is required. KIDS CONNECT may be one of several services that the CEDARR Family Care Plan provides for each family. It is critically important that KIDS CONNECT providers establish and maintain constructive relationships with each of the CEDARR Family Centers. Providers must contact each of the CEDARR Family Centers and develop letters of agreement with each incorporating the principles in this section. These letters of agreement must be attached to this application or provided at the site visit.

These relationships must have the following components:

1. It is the responsibility of the CEDARR Family Center to assess the needs of the child and the family via its Initial Family Assessment and Family Care Plan process.
2. Prior to contacting the child care agency, the CEDARR Family Center will determine the interest of the family in receiving KIDS CONNECT services. The CEDARR Family Center will assess potential payment sources for the child care costs.
3. The CEDARR Family Center may provide the family with contact information for more than one KIDS CONNECT provider.
4. It is the responsibility of the applicant agency to provide an orientation to the parent and child so that they may make an informed choice.
5. In all cases, the choice of agency as a KIDS CONNECT provider will be made by the family.
6. The CEDARR Family Center will convey the relevant results of its assessment and the relevant goals from the Family Care Plan to the KIDS CONNECT Clinical Supervisor.
7. The KIDS CONNECT Clinical Supervisor will work with the family and will conduct an assessment of the needs of the child in order to support socialization specific to the child or youth care setting.
8. The Therapeutic Integration Plan for addressing these needs will be submitted to the CEDARR Family Center and to DHS within four weeks of receiving the referral.
9. The CEDARR Family Center will provide feedback on the plan.
10. The KIDS CONNECT provider must respond within 9 days if any issues or questions are raised by the CEDARR Family Center.
11. The KIDS CONNECT provider will work with the CEDARR Family Center on reauthorization of the plan at appropriate intervals.

Initials of officer or authorized agent

SECTION II: 6.4.1 COORDINATION AND COMMUNICATION WITH THE CEDARR FAMILY CENTERS

CEDARR CONTACTS				
CEDARR Family Center	Contact Person	Phone	Fax	Letter Included As Appendix (Page #)
About Families	Kathy Nicodemus	365-6855	365-6860	
Family Solutions	Pam Watson	461-4351	461-4953	
Families First	Nancy Bowering	444-7501	444-4181	

Alan Brenman	462-0026	462-2939	For Therapeutic Integration Assessment and Plan Review and/or Questions
Karen Sullivan	462-0210	462-6353	To Request Help in Preparing Application or Preparing for Site Visit.

SECTION III: 6.5 STRENGTH OF PROGRAM APPROACH: PROCESS OF CARE AND MANAGEMENT OF CLINICAL SERVICES

6.5.1.1 STATEMENT OF APPROACH

Statement Of Philosophy And Approach: In one or two pages, describe in a narrative your agency's approach to successful inclusion and participation of children with special health care needs with peers who are typically developing in the child or youth care setting. Your description should include methods to ensure that these children and youth are not isolated from their peers and are interacting and participating with them in a socially meaningful manner. This section may include professionally recognized guidelines along with identification of how adherence to such guidelines is or will be monitored.

Statement of philosophy and approach to inclusion should be inserted as an Appendix to this application.

Appendix Page Number: _____

SECTION III: 6.5.1.2 SCREENING AND INTAKE

Screening and intake is comprised of several steps. In the table below, indicate the name (if known) and position title of staff who have been assigned primary responsibility for each of these steps. (Please use the same position titles here, in the job descriptions and the organizational chart requested in section 6.5.2.)

Screening and Intake: Steps in Process	Responsible Party (Insert Name and Position Title)
Receiving initial call from parent	
Setting up appointment for parent and child to visit facility	
Providing an orientation to the child care site and program	
Discussing roles and expectations within KIDS CONNECT Program	
Conveying information to parents about parent rights, DHS Fair Hearing Process, hours of operation, etc.	
Initial screening of child to determine eligibility	
Review of information from the CEDARR	
Management of waiting lists and communication with families	
Assisting families not eligible for KIDS CONNECT by providing specific information as to why the KIDS CONNECT agency feels that this service is not appropriate for the child.	
Completion of enrollment forms for accepted children	
Communication with CEDARR Family Center concerning outcome of screening and intake	
Supervision and oversight of screening and intake	
<i>Other anticipated tasks not listed above:</i>	

The process of screening and intake must be captured as policies and procedures in the KIDS CONNECT Policy Manual. The policies and procedures must reference at least the following. Indicate in the column to the right the status of availability for each item listed. Indicate whether the policy/procedure is included as an appendix (enter page #) or will be available at the site visit.

SECTION III: 6.5.1.2 SCREENING AND INTAKE CONTINUED

ITEM	STATUS OF AVAILABILITY	
	Included in Appendix Page #	Available at Site Visit
Policy/procedure		
Eligibility admission and criteria		
Management of waiting lists and communication protocols for parents and CEDARR Family Center		
Communication protocols for informing parents and CEDARR Family Center that a child is not eligible		
Other:		

The following documents and forms to support Screening and Intake must be available for DHS review prior to starting the program. Indicate in the column to the right whether the document is included as an appendix (enter page #), will be available at the site visit or available prior to program implementation.

ITEM	STATUS OF AVAILABILITY		
	Included in Appendix Page #	Available at Site Visit	Available prior to Implementation
Document Or Form			
Intake log for new referrals			
Timeliness log for Intake process			
Client case record (blank but inclusive of all standardized documents)			
Parent consent forms			
CEDARR Family Center Communication log			

Note: Technical assistance provided upon request, to assist newly certified providers to develop these documents and forms.

SECTION III: 6.5.1.3 ASSESSMENT AND THERAPEUTIC INTEGRATION PLAN DEVELOPMENT

Assessment and Therapeutic Integration Plan Development is comprised of several required steps. Each of these steps must be completed by the designated KIDS CONNECT clinical supervisor. (Refer to certification Standards 6.5.2.3.2). In the table below, indicate the staff member's name and position title within your agency who has been assigned primary responsibility for each of these steps. (Please use the same position titles here, in the job descriptions and organizational chart requested in section 6.5.2.)

Assessment And TIP Development: Steps In Process	Responsible Party (Insert Position Title)
Parent interview	
Child observation	
Conversations with school representatives, when applicable	
Collaboration with other health care providers	
Review of past evaluations	
Determine that appropriateness criteria for KIDS CONNECT are met	
Identify specific obstacles that may be encountered	
Systematic analysis of the ways child's special needs preclude participation without support	
Identify specific supports/intervention for successful participation and strengths that can be built upon	
Preparation of the written documents: Therapeutic Integration Assessment and Plan	
Obtain parental consent and signature	
<i>Other anticipated tasks not listed above::</i>	

The process of Assessment and Plan Development must be captured as policies and procedures in the KIDS CONNECT Policy Manual. The policies and procedures must reference at the least the following. Indicate in the column to the right the status of availability for each item listed. Indicate whether the policy/procedure is included as an appendix (enter page #) or will be available at the site visit.

SECTION III: 6.5.1.3 ASSESSMENT AND THERAPEUTIC INTEGRATION PLAN DEVELOPMENT

ITEM	STATUS OF AVAILABILITY	
Policy/Procedure	Included in Appendix Page #	Available at Site Visit
Policy outlining the steps in the assessment process, including review of information provided by CEDARR		
Requirement of written parental consent		
Required elements of the Therapeutic Integration Plan, including:		
<ul style="list-style-type: none"> Goals, objectives and interventions are based on assessment 		
<ul style="list-style-type: none"> Plan for communication with parents 		
<ul style="list-style-type: none"> Intervention hours and justification for hours 		
<ul style="list-style-type: none"> Expected duration of the plan 		
<ul style="list-style-type: none"> Methods for measuring progress 		
<ul style="list-style-type: none"> Details of coordination with any other services child may be receiving 		
<ul style="list-style-type: none"> Frequency and method of communication with the CFC 		
Other:		

SECTION III: 6.5.1.2 ASSESSMENT AND THERAPEUTIC INTEGRATION PLAN DEVELOPMENT CONTINUED

The following documents and forms to support Assessment and Plan Development must be available for DHS review prior to opening the program. Indicate in the column to the right whether the document is included as an appendix (enter page #), will be available at the site visit, or will be provided prior to implementation.

ITEM	STATUS OF AVAILABILITY		
Document Or Form	Included in Appendix Page #	Available at Site Visit	Provided prior to Implementation
Assessment tool protocol (DHS suggested tool is found in the Appendix to the Standards Document on page 69 or agency may modify the assessment tool with consent from DHS)			
Timeliness log for Therapeutic Integration Plan (TIP) submission			

Note: Technical assistance will be provided if needed to assist newly certified providers to develop these documents and forms.

SECTION III: 6.5.1.4 THERAPEUTIC INTEGRATION DIRECT SERVICES

Therapeutic Integration Direct Services include 2 components: Direct services provided by the Therapeutic Integration Specialist (paraprofessional) and the clinical supervision provided by the Clinical Supervisor. In some plans nursing services may also be provided. In the table below, indicate the staff member's name (if known) and position title within your agency who has been assigned primary responsibility for each of these roles. (Please use the same position titles here, in the job descriptions and organizational chart requested in section 6.5.2. of this application.)

Direct Service: Roles In Process	Should Be Provided By	Responsible Party (Insert Name(s) if Known and Position Title)
Direct services to the child to enable inclusion and build skills	Therapeutic Integration Specialist	
Observation of the Therapeutic Integration Specialist while working with the child	Clinical Supervisor	
Direct instruction to the Therapeutic Integration Specialist, including modeling intervention techniques	Clinical Supervisor	
Documentation of the child's response to the intervention	Therapeutic Integration Specialist	
Adjustment of the intervention based upon the child's progress	Clinical Supervisor	
Assessment, medical intervention and monitoring of health status while in the child care setting, when medically necessary	Nurse	
Evaluation of performance of the Therapeutic Integration Specialist	Clinical supervisor	
Administrative Supervision of Therapeutic Integration Specialist	Director/Head Teacher	

SECTION III: 6.5.1.4 THERAPEUTIC INTEGRATION DIRECT SERVICES CONTINUED

The process of Therapeutic Integration Direct Services (TIS) must be captured as policies and procedures in the KIDS CONNECT Policy Manual. The policies and procedures must reference, at the least, the following. Indicate in the column to the right the status of availability for each item listed. Indicate whether the policy/procedure is included as an appendix (enter page #), or will be available at the site visit.

ITEM	STATUS OF AVAILABILITY	
	Included in Appendix Page #	Available at Site Visit
Content of Plan for Clinical Supervision, including ways in which supervision is carried out, and ratio of supervision time to Therapeutic Integration Specialist intervention time		
Emergency coverage		
Staff evaluation protocols for Therapeutic Integration Specialist		
Therapeutic Integration Plan design, implementation, monitoring, evaluation and modification		
Coordination and communication with the family		
Coordination and communication with CFC and other service providers as appropriate.		
Guidelines for interaction with other staff not directly employed with KIDS CONNECT funds		
Reauthorization process for the Therapeutic Integration Plan		
Other:		

SECTION III: 6.5.1.4 THERAPEUTIC INTEGRATION DIRECT SERVICES CONTINUED

The following documents and forms to support Direct Services must be available for DHS review prior to beginning the program. Indicate in the column to the right whether the document is included as an appendix (enter page #), will be available at the site visit or provided prior to implementation.

ITEM	STATUS OF AVAILABILITY		
Document Or Form	Included In Appendix Page #	Available At Site Visit	Provided Prior To Implementation
Timeliness log for service initiation			
Daily log of activities for each child enrolled			
Progress report format for reporting to parent and CFC			
Record of meetings with parents			
Incident reporting forms and log			
Log of all substitutes and replacements for Therapeutic Integration Specialists			
TIS Time sheets that indicate time spent with each child			
Supervision records			
Parent satisfaction survey: See page 49 of the Standards Document for required elements			
Other:			

Note: *Technical assistance provided upon request to assist providers to develop these documents and forms.*

SECTION III: 6.5.2 MANAGEMENT OF KIDS CONNECT

The management of KIDS CONNECT involves several supportive and oversight roles. These roles are below. Indicate the position title of the staff member within your agency assigned primary responsibility for each of these roles. (Please use the same position titles here, in the job descriptions [if applicable] and organizational chart requested later in this section.)

Direct Service: Roles In Process	Responsible Party (Insert Name and Position Title)
Overall management of KIDS CONNECT services	
Oversight of the integration of KIDS CONNECT staff with classroom or other site based staff	
Hiring KIDS CONNECT staff	
Orientation and training of KIDS CONNECT staff	
Credentialing and reference checks of KIDS CONNECT staff	
Ensuring that KIDS CONNECT management standards are met	
Ensuring that Medicaid documentation guidelines are met	
Other:	

SECTION III: 6.5.2 MANAGEMENT OF KIDS CONNECT, CONTINUED

Staff Training

The following lists of training topics are mandatory for Therapeutic Integration Specialist staff. A check in the column to the right indicates the applicant agency's willingness, capability and intention to provide this training.

Topic	Agree To Provide
Child development and knowledge of children who are not typically developing	
Knowledge of various diagnostic categories of children with special health care needs	
Child abuse recognition and reporting requirements	
Inclusion strategies for children with special health care needs	
A valid certification in first aid, including management of a blocked airway and rescue breathing	
<i>Prior to working with a child enrolled in KIDS CONNECT:</i>	XXXXXXXXXXXXXXXXXX
Client rights	
Ethics and confidentiality	
Reporting procedures and documentation requirements	
Overview of the child's Therapeutic Integration Plan	

Initials of Officer or Authorized Agent

Hours of Operation

In submitting this application to become a certified provider of KIDS CONNECT Services the applicant agency certifies that the following represents the days and actual hours of service that KIDS CONNECT will be available:

DAYS	ACTUAL HOURS OF SERVICE

Initials of Officer or Authorized Agent

SECTION III: 6.5.2 MANAGEMENT OF KIDS CONNECT CONTINUED

Service Monitoring and Reporting Requirements

In submitting this application to become a certified provider of KIDS CONNECT, the applicant agency certifies that we have reviewed the list of service monitoring and reporting requirements found on pages 50-51 of the Standards, Section 7 and in Appendix 12. We agree to comply with these requirements and understand that these requirements may be revised periodically.

Initials of Officer or Authorized Agent

Provider Responsibility for Determining Medicaid Eligibility

In submitting this application to become a certified provider of KIDS CONNECT, the applicant agency certifies that we are aware a recipient's eligibility to receive Medicaid may change at any time. It is the responsibility of the provider to verify Medicaid eligibility. This can be accomplished by contacting the Recipient Eligibility Verification System (REVS) at 784-8100. We realize that loss of Medicaid coverage will result in non-payment of claims.

Initials of Officer or Authorized Agent

Management Standards

In submitting this application to become a certified provider of KIDS CONNECT, the applicant agency certifies that we have reviewed the list of management standards found in Section 7.0 – 7.7. We agree to comply with these requirements and understand that these requirements may be revised periodically.

Initials of Officer or Authorized Agent

Timeliness Standards

In submitting this application to become a certified provider of KIDS CONNECT, the applicant agency certifies that we have reviewed the list of Timeliness Standards found in Section 6.6 of the KIDS CONNECT standards. We agree to comply with these requirements and understand that these requirements may be revised periodically.

Initials of Officer or Authorized Agent

SECTION IV: ADDITIONAL REQUIRED APPLICATION ATTACHMENTS

Please include each item listed below in the Appendix as attachments to your application. Please list the number of the Appendix page in the box below.

APPLICATION	Appendix Page #
Copy of DCYF licensure	
Copy of licensure of clinician or certified special educator with Master's Degree	
Copy of agency accreditation provided by national accrediting body (if applicable)	
Copy of HBTS certification (if held)	
Organization Mission Statement	
Organizational Chart for Entire Organization showing KIDS CONNECT within it	
Detailed organizational chart of the KIDS CONNECT Program	
Most recent audited financial statement for the corporate entity	
Job description for the KIDS CONNECT Clinical Supervisor, Therapeutic Integration Specialist and Nurse (if to be used) (See Standards pages 45-47 for mandated elements of these job descriptions).	

APPENDIX

Please number all items in the appendix with consecutive page numbers and reference these page numbers.